

Electronic Filing System (EFS) Data
Electronic Patent Application Submission
USPTO Use Only

EFS ID: 15678
Application ID: 10064076
Title of Invention: Thermal Surgical Drape
First Named Inventor: Leonides Teves
Domestic/Foreign Application: Domestic Application
Filing Date: null
Effective Receipt Date: 2002-06-07
Submission Type: Utility Patent Filing
Filing Type: null
Confirmation Number: 0
Attorney Docket Number: 1093.05
Digital Certificate Holder: cn=Anton John Hopen, ou=Registered Attorneys, ou=Patent and Trademark Office, ou=Department of Commerce, o=U.S. Government, c=US
Certificate Message Digest: LiOd/PCSgyY99B7qS5eOmA==
Total Fees Authorized: \$370.0
Payment Category: CC - Credit Card
Credit Card Number: *****3008
Expiration Date: 05312004
Card Holder Name: Anton J. Hopen
RAM User ID: EFSPROD
RAM Accounting Date: 2002-06-07
RAM Sequence Number: 465047
RAM Payment Status: RAM success
Postal Code: 33760



10064076-060702

TRANSMITTAL FORM



Electronic Version 1.0.3

Stylesheet Version: 1.0

Attorney Docket
Number:

1093.05

Submission Type: Utility Patent
Filing

Thermal Surgical Drape

First Named Inventor: Leonides Y. Teves

SUBMITTED BY

Name: Ronald E. Smith
Registration Number: 28761
Electronic Signature Mark: /ronald e smith/ Date Signed: 20020607

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

declaration	Dec01.TIF
declaration	Dec02.TIF
bibd-transmittal	109305apds.xml
fee-transmittal	109305fee.xml
specification	Spec.xml

Dec01.TIF

SECRET

Comments:

10064076-EE0702

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)

As a below named co-inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is for an original application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am an original co-inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

Thermal Surgical Drape

SPECIFICATION IDENTIFICATION

The specification is attached hereto.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37 Code of Federal Regulations, § 1.56.

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Anton J. Hopew
Ronald E. Smith

Registration Number 41,849
Registration Number 28,761

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO

Smith & Hopen, P.A.
15950 Bay Vista Drive, Ste. 220
Clearwater, FL 33760
Customer No. 21,901

DIRECT TELEPHONE CALLS TO:

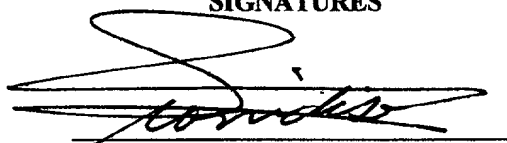
Ronald E. Smith
(727) 507-8558

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURES

Inventor's signature


Leonides Y. Teves

Date

6-6-02, 2002

Country of Citizenship

USA

Residence

Bradenton, FL

Post Office Address

1607 54th Street West
Bradenton, FL 34209

Inventor's signature


Steven D. McCarus

Date

6.6.02, 2002

Country of Citizenship

USA

Residence

Orlando, FL

Post Office Address

10815 Boca Pointe Drive
Orlando, FL 32836-5861

FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

Independent Inventor

TOTAL FEES AUTHORIZED: \$ 370

BANK (CREDIT) CARD INFORMATION:

Credit Card Number: 3008
Expiration Date: 20040531
Authorized Name: Anton J. Hopen
Billing Address: 33760

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 370

Subtotal For Basic Filing Fee: \$ 370

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 6	203	\$ 9	0	\$ 0
Independent Claims: 1	202	\$ 42	0	\$ 0

Subtotal For Extra Claims Fees: \$ 0